



Auburn Community Hospital Volunteer Services
17 Lansing Street
Auburn, N.Y. 13021
315-567-0435
www.auburnhospital.org

APPLICATION FOR VOLUNTEER SERVICES

Name: _____
Address: _____ **Zip Code:** _____
Home Phone: _____ **Cell Phone:** _____ **Work:** _____
Date of Birth: _____ **Email:** _____
Emergency Contact: _____ **Relationship:** _____
Address: _____ **Phone:** _____

Are you currently: Student Employed Unemployed Retired

Prior volunteer and/or community service:

Skills and interest:

Reason for Volunteering:

How did you hear about Auburn Community Hospital's Volunteer Program?

Area of service where you might be interested in volunteering:

- Clerical Patient contact Gift Shop Spiritual Care Transport Information Desk
 Dietary Finger Lakes Center for Living One Day Surgery Surgical Waiting Room

Availability: M T W T F (please circle) **Times Available:**

Have you ever been convicted a crime? yes no **If yes please provide dates and details.**

Please List two references (not relatives)

Name: _____ **Phone No.** _____

Relationship: _____

Name: _____ **Phone No.** _____

Relationship: _____

Signature: _____ **Date:** _____ 1/21